

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Hospitals  
MAA  
Managed Care Plans  
Regional Administrators  
CSO Administrators

**Memorandum No.:** 03-~~XX~~-14  
**Issued:** May 15, 2003  
**Supersedes:** # Memo 02-05 MAA

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**Subject:** Inpatient/Outpatient Revenue Code Grid Update and Hospital Reporting

**Effective for dates of service on and after June 1, 2003**, the Medical Assistance Administration (MAA) will begin using the attached updated revenue code list. MAA will deny outpatient hospital services when the required HCPCS or CPT codes identified in the revenue code grid are not reported.

**Note:** The information in this memo and the revenue code grid does not supercede HIPAA requirements.  
State-assigned revenue codes will be discontinued. See the grid for the last date that MAA will reimburse for each revenue code.

### About the Revenue Code Grid

The grid is intended to clarify:

- When providers must report CPT/HCPCS codes in conjunction with revenue codes; and
- Which outpatient services are reimbursed according to MAA's fee schedule.

The grid is not intended to identify all of the policies associated with the revenue codes and/or CPT and HCPCS codes. **For example, the grid does not contain comprehensive information about the following policies:**

- Client eligibility;
- Prior authorization;
- Age-related limitations; and
- Diagnosis-related limitations.

Please refer to MAA's Inpatient Hospital Billing Instructions or Outpatient Hospital Billing Instructions for comprehensive policy information.

\* HCPCS stands for Health Care Financing Administration Common Procedure Coding System

\*\* CPT stands for Current Procedural Terminology

(CPT is a registered trademark of the American Medical Association.)

## Hospital Reporting

MAA is in the process of preparing for Outpatient Prospective Payment System (OPPS) implementation. To ensure rates are established in a fair and equitable manner, it is imperative that hospitals:

- 1) Report CPT\HCPCS codes if required according to the revenue code grid;
- 2) Bill accurately for all services provided regardless of whether or not MAA currently reimburses for the services;
- 3) Report appropriate modifiers according to coding guidelines; and
- 4) Report the line item service date, [the admit hour](#), and [the discharge hour](#).

To obtain this memorandum or ~~the~~ replacement pages [E1-E24](#) for MAA's [Outpatient Hospital Billing Instructions](#) or [Inpatient Hospital Billing Instructions](#) electronically, go To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

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## Grid Legend

*	= Currently covered, MAA anticipates requiring more specific revenue codes on or about Jan 2004.
DASA	= Division of Alcohol and Substance Abuse
F	= Services routinely reimbursed using MAA's outpatient hospital fee schedule. Revenue code still required on claim line.
IP	= Inpatient Hospital
L	= Limited to providers approved by the department to perform specific services
LD	= Limited by diagnosis, refer to comments or list on page E22
M	= MAA requires Current Procedural Terminology(CPT) or Healthcare Common Procedure Coding System (HCPCS) on claim line.
MAA	= Medical Assistance Administration
N	= Not covered by MAA
NA	= Not applicable
NR	= CPT/HCPCS not required
O	= CPT/HCPCS coding required in preparation for OPPTS. Revenue codes still required on claim line. Services will be reimbursed using the current published methodology.
OP	= Outpatient Hospital
OPPS	= Outpatient Prospective Payment System
PROC	= Procedure code
R	= Service routinely reimbursed using hospital outpatient rate
REQ	= Required
REV	= Revenue
SP	= Paid at semi-private rate

Y = Services routinely covered

## Diagnosis Code List for Inpatient Occupational Therapy:

- 342 - 342.9 - Hemiplegia & Hemiparesis
- 344 - 344.9 - Other Paralytic Syndromes
- 430 - 438.9 - Cerebrovascular Disease
- 800 - 804.9 - Fracture of the Skull
- 850.3 - 850.5 - Concussion
- 851 - 851.9 - Cerebral Laceration & Contusion
- 852 - 852.5 - Subarachnoid, Subdural & Extradural Hemorrhage Following Injury
- 853 - 853.1 - Other & Unspecified Intracranial Hemorrhage Following Injury
- 854 - 854.1 - Intracranial Injury of Other & Unspecified Nature
- 905.0 - Late Effect of Fracture of Skull & Face Bone
- 907.0 - Late Effect of Intracranial Injury Without Mention of Skull Fracture
- 907.1 - Late Effect of Injury to Cranial Nerve
- 940-949.5 - Burns

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